

Chapter 3

Corrections and Policing—Providing Primary Medical Care in Adult Secure-Custody Correctional Centres

1.0 MAIN POINTS

The Ministry of Corrections and Policing’s policy on *Healthcare Standards in Provincial Correctional Centres* states the quality of care that offenders receive in a provincial correctional centre should be similar to that experienced by those in the community.^{1,2}

This chapter reports the results of our audit of the Ministry’s processes for the provision of primary medical care to adult inmates in Saskatchewan’s four adult secure-custody correctional centres.³ Other than the following areas, the Ministry had effective processes, for the provision of primary medical care to adult inmates in its secure-custody correctional centres. The Ministry needs to:

- Regularly update provincial medical care policies and adult secure-custody correctional centre medical care directives. Regularly updating policies and directives keeps them relevant and fosters the use of a consistent approach to providing medical care that aligns with the Ministry’s current priorities and strategic direction.
- Require staff to transfer inmate medical files between adult secure-custody correctional centres when it moves inmates between centres or former inmates re-enter the system. Having an inmate’s complete medical file available at the correctional centre in which an inmate resides facilitates a continuum of care and avoids replication of tests (e.g., blood tests, specialists’ reports).
- Respond to adult inmate complaints about medical care within timeframes required by *The Correctional Services Regulations, 2013*; and periodically analyze adult inmate complaints for trends. Providing timely responses may avoid the risk of an inmate’s health being jeopardized, and helps keep inmates informed. Also, assessing trends in complaints could identify systemic or recurring issues in the delivery of medical care within centres, and provide opportunities to adjust processes.
- Deliver orientation training for the nurse manager positions and monitor the currency of first-aid certifications of correctional staff. Having trained staff helps ensure centres can appropriately respond to medical emergencies.
- Work with centres to develop and regularly report on measures to evaluate the provision of medical care to inmates. Through using measures, the Ministry would know whether inmates receive care consistent with its policy (i.e., medical care similar to that experienced by those in the community), and be better positioned to identify areas where its provision of medical care could improve.

¹ Saskatchewan Corrections and Public Safety Adult Corrections Branch Policy, *Healthcare Standards in Provincial Correctional Centres*, (2004).

² Providing inmates with primary medical care similar to that which the inmate would receive in the community is a requirement of the UN Nelson Mandela Rules. In 1975, Canada endorsed these standards and committed to implementing them.

³ Adults are individuals of 18 years of age or older. An inmate is a person who has been sentenced to a term of imprisonment and admitted to a correctional centre to serve the sentence or is otherwise lawfully detained or confined in the correctional centre. Sentenced inmates are those sentenced to imprisonment in an adult correctional centre for a term of less than two years (*Criminal Code*, s. 743.1(3)). They do not include remand inmates. Remand inmates are those lawfully detained (e.g., arrested) or confined and are awaiting trial or sentencing by the courts (*The Correctional Services Act, 2012*, s.2(p)).



The prevalence rate of infectious diseases in the correctional population is higher than in communities. Many inmates may enter the facility with unmet and untreated health conditions as they may have had little or no regular contact with health services before incarceration. Also, the majority of inmates are vulnerable and come from backgrounds that increase the likelihood of declining health. Primary medical care received in a correctional centre can play a role in reducing this health inequality, and the risk of introducing diseases into the community.

2.0 INTRODUCTION

On February 2, 2018, Cabinet split the Ministry of Justice into two separate ministries: the Ministry of Justice and the Ministry of Corrections and Policing.

2.1 Defining Primary Medical Care

Primary medical care refers to first-contact care that family physicians, nurses, or other medically trained personnel typically provide.⁴ It includes medical care provided to inmates upon their admission to correctional centres, urgent care, health promotion and disease prevention, and follow-up care (e.g., screening for reproductive health in the female correctional centre, appointment requests made by inmates). It may include referral by the medical staff in the secure-custody correctional centre to a specialist or an emergency department. It does not include specialized health care (e.g., cardiac rehabilitation programs, chronic disease management programs).

2.2 Ministry Responsibility for Providing Medical Care to Inmates

The Minister of Corrections and Policing is responsible for the establishment, administration, maintenance, and operation of correctional facilities.⁵ Although there is no expressed reference to medical care services in *The Correctional Services Act, 2012*, the Ministry acknowledges that administration and operation of correctional centres includes the provision of medical services, such as treatment, care, and medication for inmates in correctional centres.

2.3 Saskatchewan's Secure-custody Correctional Centres

The Ministry has 12 provincial correctional facilities located throughout the province. It has two types of correctional centres for adult inmates: secure-custody centres and reduced-custody centres.⁶ Adult secure-custody centres are designed to restrict and monitor the movements and activities of inmates, while supporting the delivery of rehabilitation programs.

⁴ www.med.uottawa.ca/sim/data/primary_care.htm (12 October 2017).

⁵ Section 4 of *The Correctional Services Act, 2012*.

⁶ Reduced-custody centres are facilities for holding sentenced individuals, who have been assessed as low risk, and are therefore offered increased freedom in order to seek employment, education, or programming in the community while completing their sentence.

Saskatchewan's four adult secure-custody correctional centres are:

- Prince Albert Provincial Correctional Centre
- Regina Provincial Correctional Centre
- Saskatoon Provincial Correctional Centre
- Pine Grove Correctional Centre (women only)

These facilities house adult offenders sentenced under the Criminal Code of Canada for a term of less than two years, or inmates on remand (lawfully detained or confined and are awaiting trial or sentencing by the courts).

In 2016-17, the Ministry spent over \$143 million on custody services.⁷ At October 2017, Saskatchewan had about 1,800 inmates in the adult secure-custody correctional centres of which about one-half are sentenced and one-half are on remand.

2.4 Medical Care Risks in Correctional Centres

There is a higher prevalence rate of infectious diseases in the correctional population than in communities. If these are not addressed prior to inmates' release to the community, a risk of new diseases and untreated conditions could decrease the wellbeing of the community.

The majority of inmates are vulnerable and come from backgrounds that increase the likelihood of declining health, and the primary care received in a correctional centre can play a role in reducing this health inequality.⁸ Many inmates may enter the facility with unmet and untreated health conditions as they may have had little or no regular contact with health services before incarceration.⁹ Also, the prevalence of disease among inmates is significantly higher than that of the general population. Furthermore, in common with the increased average age of Canadians, the average age of inmates admitted to custody has increased. Admissions to provincial/territorial custody of adults 50 years or older in 2015-16 increased 7% from five years earlier.¹⁰

As our *2016 Report – Volume 2* (Chapter 28) indicated, Saskatchewan is experiencing problems with crowding in its adult secure-custody correctional centres. This can put pressure on the medical care provided to inmates in custody, increase the risk of timely medical care being available to inmates, and increase the risk of illness for inmates.

Serious health issues may arise without timely and appropriate primary medical care; these issues may become life threatening if not addressed. Effective primary medical care in correctional centres can improve the health of the overall community by resulting in less transmittable diseases and reduced crime by treating mental health problems.¹¹

⁷ Ministry of Justice, *Annual Report for 2016-17*, p. 19.

⁸ World Health Organization, *Prisons and Health*, (2014).

⁹ *Annual Report of the Office of the Correctional Investigator 2014-15*. www.oci-bec.gc.ca/cnt/rpt/annrpt/annrpt20142015-eng.aspx#s3 (25 October 2017).

¹⁰ www.statcan.gc.ca/pub/85-002-x/2017001/article/14700-eng.htm (11 October 2017).

¹¹ www.stmichaelshospital.com/media/detail.php?source=hospital_news/2015/20150225_hn (20 September 2017).



3.0 AUDIT CONCLUSION

We concluded that, for the 12-month period ended November 30, 2017, the Ministry of Corrections and Policing had effective processes, except for the following areas, for the provision of primary medical care to adult inmates in its secure-custody correctional centres. The Ministry needs to:

- Deliver orientation training for the nurse manager positions and monitor the currency of first-aid certifications of correctional staff
- Regularly update provincial medical care policies and adult secure-custody correctional centre medical care directives
- Require staff to transfer inmate medical files between adult secure-custody correctional centres when it moves inmates between centres or former inmates re-enter the system
- Respond to adult inmate complaints about medical care within timeframes required by the Regulations
- Periodically analyze adult inmate complaints for trends and take corrective action as needed
- Work with adult secure-custody correctional centres to develop and regularly report on measures to evaluate the provision of medical care to inmates

Figure 1—Audit Objective, Criteria, and Approach

Audit Objective:

To assess whether the Ministry of Corrections and Policing had effective processes for the provision of primary medical care to adult inmates in its secure-custody correctional centres for the 12-month period ended November 30, 2017.

The audit did not examine the appropriateness of medical care decisions or services (e.g., dental, acute care) including those made at secure-custody correctional centres or external facilities or care after discharge. In addition, our audit did not examine the maintenance or use of medical equipment within centres.

Audit Criteria:

Processes to:

1. Support the delivery of primary medical care to adult inmates
 - 1.1 Keep staff of adult correctional centres informed of Ministry policy changes
 - 1.2 Maintain primary medical care procedures for adult correctional centres that align with Ministry policies
 - 1.3 Inform inmates of their right to medical care
 - 1.4 Set measures to evaluate provision of medical care to inmates (timeliness, referral to hospital)
2. Deliver timely primary medical care to adult inmates
 - 2.1 Use appropriate medical personnel (training, suitable skills)
 - 2.2 Educate adult correctional centre staff about assessing primary medical care needs
 - 2.3 Assess inmate health at intake
 - 2.4 Use treatment plans to document medical care needs of inmates and provision of care
 - 2.5 Conduct regular preventative medical care
 - 2.6 Appropriately respond to emergent medical needs (e.g., transfer to hospitals)
3. Monitor provision of primary medical care services
 - 3.1 Assess compliance with primary medical care policies
 - 3.2 Respond to inmate complaints
 - 3.3 Evaluate delivery of primary medical care against measures
 - 3.4 Report results to senior management of the Ministry and provincial adult correctional centres

Audit Approach:

To conduct this audit, we followed the standards for assurance engagements published in the *CPA Canada Handbook – Assurance* (including CSAE 3001). To evaluate the Ministry’s processes, we used the above criteria based on our related work, reviews of literature including reports of other auditors, and consultations with management and external advisors. The Ministry’s management agreed with the above criteria.

We examined the Ministry’s criteria, policies, and procedures that relate to the provision of primary medical care to adult inmates in secure-custody correctional centres. We assessed the Ministry’s processes by testing a sample of provincial policies, local directives, inmate medical files, medical complaints, and first-aid certifications. We interviewed key personnel at the Ministry and adult secure-custody correctional centres and consulted with an independent consultant with subject matter expertise. The consultant helped us identify good practice. We assessed controls over key IT applications and tested key aspects of the Ministry’s processes.

4.0 KEY FINDINGS AND RECOMMENDATIONS

Ministry staff refers to staff at the head office at the Ministry of Corrections and Policing. Correctional centre staff refers to staff at the adult secure-custody correctional centres.

4.1 Adequate Medical Personnel Available to Inmates

Each of the four adult secure-custody correctional centres contract doctors (general practitioners) and medical specialists (e.g., dentists) and employ nursing staff to provide medical care to inmates within the centres. They each also contract external partners to provide additional services (e.g., substance abuse counselling, laboratory services).

Each centre has a general practitioner on site between 6 and 11.5 hours a week.

Nursing staff are a key element of the medical unit and tend to inmate medical needs from 7 a.m. to 11 p.m. daily. Nursing staff includes a nursing manager, nurses, and clinical administration staff. Nursing staff are responsible for responding to medical issues within each centre, scheduling appointments for inmates to see a doctor or specialist, distributing medication, and other tasks to deliver adequate medical care. A nurse manager leads the medical unit at each centre.

The nursing staff schedule inmate appointments with doctors based on their assessments of the inmate’s medical needs. Inmates assessed as having urgent issues see a doctor quicker than those assessed as having non-urgent medical issues (e.g., acne treatment). Each centre had an average wait time of about a month to see a general practitioner.

Correctional centres use external health partners or contract directly to provide additional medical services (e.g., lab services, substance abuse programs, infectious disease clinics, dental, optometry, and sexual health clinics).

For all of the 120 inmate medical files we tested at the four adult secure-custody correctional centres, inmates accessed external health partners when referred by the correctional centre’s general practitioner.



4.2 Nurse Manager Orientation Needed

New nurse managers at all four adult secure-custody centres do not receive sufficient orientation for their position. A nurse manager is a critical position to help the medical unit provide quality care to inmates.

Each centre has a nurse manager and staffs this position with a Registered Nurse or Registered Psychiatric Nurse.¹² Each provides the nursing staff with access to ongoing training to keep their nurse certification. The nature and type of training varies depending on the individual nurse's self-directed learning plan.

We found that each of the four correctional centres staffed the nurse manager positions with appropriately qualified medical personnel, who had adequate experience for the positions and to lead the nursing staff. However, the nurse managers we interviewed noted they only received a brief orientation or no orientation at all when they first started. They noted the correctional centre expected them to learn the role on the job. At November 2017, most of the nurse managers had been in their position less than two years.

Without comprehensive initial orientation training, unprepared nurse managers may struggle in this key role in a correctional centre. The working environment of a secure-custody correctional centre differs from a hospital. This can lead to staff turnover.

1. **We recommend that the Ministry of Corrections and Policing deliver orientation training for the nurse manager positions in adult secure-custody correctional centres.**

4.3 Consistent Monitoring of Currency of First-Aid Training Needed

The Ministry is not consistently monitoring whether correctional staff maintain current first-aid certification.

The Ministry requires all correctional staff to hold a current first-aid certification. First-aid certificates are valid for three years with cardiopulmonary resuscitation (CPR) / automated external defibrillator (AED) training recommended annually. Regular first aid training helps correctional staff possess sufficient skills and abilities to readily respond and deal with emergencies when correctional centre medical staff is unavailable. This is particularly critical because medical staff at each centre do not work during the night.

Each of the four centres formally track when each correctional staff was last certified for first aid, and the certification expiry dates.

We found that one correctional centre was not adequately monitoring whether its staff maintain their first-aid certification. This correctional centre reported having approximately 65% of their staff certified as of November 1, 2017. The other three correctional centres

¹² At November 2017, the Saskatoon Provincial Correctional Centre filled, on a temporary basis, the nurse manager position with an employee who was not a nurse. A Registered Psychiatric Nurse holds the permanent nurse manager position and was seconded to the Ministry during our audit period.

we examined were actively monitoring the currency of their staff's first-aid certification; they had between 85% and 99% of staff certified as of November 1, 2017.

Not monitoring whether staff maintain current first-aid certification increases the risk that the centre does not have correctional staff trained in the latest medical emergency procedures.

2. We recommend that the Ministry of Corrections and Policing monitor the currency of first-aid certifications of correctional staff from adult secure-custody correctional centres.

When non-medical correctional staff are hired, they receive training on local medical procedures, addictions, suicide awareness, and other medical-related topics relevant to their position. Local medical procedures are those specific to a centre.

4.4 Routine Review of Medical-care Policies, Directives, and Analysis of Gaps Needed

Lack of Routine Review of Medical-care Policies and Analysis of Policy Gaps

The Ministry does not have complete policies to provide correctional centres with overall direction for some important medical care situations. In addition, it does not routinely review and update its policies for medical care to make sure they remain relevant and current. The Ministry's policies set the overall direction for all of its correctional centres.

The Ministry has policies related to medical care in adult secure-custody correctional centres (e.g., identifying medical needs at intake) but they are not complete. The policies in effect at November 2017 have limited information on the following topics:

- Psychiatric care and treatment plans
- Medical management of drug-addicted inmates
- Preventative care (e.g., routine blood tests)
- Self-administration of medication (e.g., inhalers)
- Inmate fasting
- Private clinicians visiting inmates
- Do not resuscitate orders

While the Ministry tracks its 21 medical policies that are due for review and rates them according to priority, it is not reviewing them at least every three years. We found that at November 2017:

- Five of its six high-priority policies were in the review process and one was awaiting review. The Ministry expected to complete its review of the high-priority policies by August 2018.



- Nine medium-priority policies and three low-priority policies were also due for review. The Ministry expected to complete its review of these policies by February 2019.
- The Ministry implemented the remaining three policies (e.g., administration of naloxone) in 2017.

We found that the Ministry effectively communicated new policies and updates to existing policies through emails to correctional centre staff.

However, for the five policies we tested, the Ministry had not reviewed 60% of the policies in over ten years. Overall, the Ministry had updated only three policies related to medical care since 2016; the Ministry updated the rest between 1996 and 2006. This increases the risk that the policies direct staff to follow medical procedures that are not current.

Effective policies provide current overall direction on key areas. Regular reviews help identify whether policy remains relevant and give current direction for the correctional centres to use in daily operations and decision-making. This helps foster a consistent approach that aligns with the Ministry's current priorities and strategic direction.

3. We recommend that the Ministry of Corrections and Policing regularly update medical care policies for adult secure-custody correctional centres.

Routine Review of Correctional Centre Medical-care Directives Needed

All four adult secure-custody correctional centres do not routinely review and update directives related to medical care. Two of four centres did not have directives on the medical admission process—a key process.

The Ministry expects each correctional centre to develop directives that help them put the Ministry policies into operation. The Ministry recognizes delivery of correctional services may differ between the women's and men's facilities and because of the differing make up of inmate populations in each of its facilities.

Of the 38 medical-care directives we tested, correctional centres had not reviewed over 60% of them within the last one to thirteen years.

Not having directives for medical admission increases the risk that nurses do not assess inmates' medical needs consistently at intake. Lack of or out-of-date directives increases the risk of inmates not receiving consistent and up-to-date medical care.

4. We recommend that the Ministry of Corrections and Policing have adult secure-custody correctional centre staff regularly update medical care directives.

4.5 Staff Comply with Medical Care Policies

Management of each of the four adult secure-custody correctional centres monitor whether staff comply with medical-care policies and handle issues of non-compliance appropriately.

The Ministry makes correctional centre management responsible for policy compliance. Each centre's nurse manager is responsible for making centre staff aware of the Ministry policies and correctional centre directives related to medical care, and for monitoring compliance with them in day-to-day operations and decision-making.

We found correctional-centre staff are aware of policies and directives related to medical care. Medical staff confirm they regularly use policies and directives in daily operations and decision-making.

Correctional centre management deal with issues of non-compliance. They align the consequence to the severity of the infraction. The consequence may involve performance monitoring, coaching sessions, verbal or written reprimand, suspension, or termination of staff. While each correctional centre has the authority to make these decisions, the centres inform the Ministry of severe infractions.

We found that each correctional centre has processes to identify and appropriately resolve issues of non-compliance with medical policies.

4.6 Inmates Informed of Availability of Medical Care

Each of the four adult secure-custody correctional centres adequately inform inmates of the availability of medical care. The Ministry is drafting a manual to further communicate key information to inmates.

Nurses verbally inform inmates of the availability of medical services during their intake assessment. Upon admission to a correctional centre, nurses assess inmates' health using a standard admission assessment form. Assessing includes taking an inmate's vital signs, and information on an inmate's allergies, medications, substance use, and mental health conditions. Inmates have the right to refuse this initial assessment. At this time, nurses advise inmates of the availability of care such as prevention of and testing for sexually transmitted and communicable diseases.

We found each correctional centre reminds inmates of the availability of medical care. It makes medical request forms available in each inmate living unit. Inmates are to request medical care using these forms. Nurses administer medication to inmates up to four times daily, which offers them an opportunity to request medical care.

In addition, we found that two of four centres provide inmates with handbooks that outlined their access to medical care. Also, at November 30, 2017, the Ministry had drafted an inmate orientation manual to inform inmates of their rights, responsibilities, and entitlements. It is to include a section on available health care services. The Ministry expects to complete the manual in September of 2018.

Of the 120 inmate files we tested at the four correctional centres, 91% had completed admission assessment forms. The inmates who did not have an admission assessment form had refused the initial assessment.

We found that the majority of these refusals were inmates from the same correctional centre. Staff at this correctional centre indicated that many inmates refuse the initial assessment due to a lack of confidential space for nurses to perform the assessment at intake. In our *2016 Report – Volume 2* (Chapter 28), we recommended that the Ministry



promptly complete its analysis of alternatives to meet needs for adult correctional facility space, including those alternatives that do not require major construction or renovation of the facilities.

4.7 Transferring of Inmate Medical Files Needed for Continuity of Care

None of the four adult secure-custody correctional centres transfer complete medical files when inmates move from one Saskatchewan centre to another, or when a past inmate re-enters the correctional system into another centre.

Each centre maintains manual medical files on their inmates. Each inmate is assigned a unique number upon entering the centre. This number is reused in the event a past inmate re-enters the provincial correctional system.

The provincial correctional system routinely moves inmates between centres. These moves may occur due to court requests for inmates to be closer to family or when former inmates re-enter the correctional system in another centre.

In event of an inmate moving between centres, each centre only transfers nurse-to-nurse notes instead of the entire medical file or copy thereof. We found, at November 2017, the nurse at the transferring centre wrote brief notes to the nurse at the receiving centre about the moving inmate's current medical care and conditions. While these notes provide information about current treatment, they do not inform the receiving correctional centre about all past treatments, observations, and medical history.

Past medical history is valuable in assessing and providing ongoing care.

Having an inmate's complete medical file available at the correctional centre in which an inmate resides facilitates a continuum of care and avoids replication of tests (e.g., blood tests, specialists' reports). Electronic health records may be an efficient way to accomplish this. Transfer of inmate medical files must respect provisions of *The Health Information Protection Act*.

Also, inmates may be reluctant to repeat their entire medical history during their initial assessment at the receiving correctional centre. Not transferring complete inmate medical files increases the risk that inmates receive inefficient or inappropriate medical care putting their health at risk.

- 5. We recommend that the Ministry of Corrections and Policing require staff to transfer inmate medical files between adult secure-custody correctional centres when it moves inmates between centres or former inmates re-enter the system.**

4.8 Assessed Medical Needs and Care Documented

Medical staff within each of the four adult secure-custody correctional centres consistently document the assessed medical needs of inmates and care provided. In addition, these centres provide escorts (i.e., correctional staff) to transfer inmates to hospitals or external appointments.

Medical staff develop inmate treatment plans for inmates assessed as requiring medication or additional medical attention. The Ministry does not require a standard format to document these treatment plans; rather the medical unit within each centre developed a system that works for that centre.

When inmates require an external medical appointment or hospital visit, escorts must transport them to the appointment. In these cases, the correctional centre sends an escort sheet for the specialist or hospital to document medical information.

For each of the 120 inmate medical files we tested, where staff assess a need for medical treatment, staff document in the inmate's medical file the care needed and the administration of care provided. For 20 inmate files we tested that included an external appointment, we found those medical files include medical treatment information of specialists and/or hospitals informing correctional centre staff of the medical care treatment and recommendations for further care.

For 3 of the 20 inmate medical files we tested that included an external appointment, an escort was not initially available because of a shortage of correctional staff and more emergent priorities. Files showed that each centre had rescheduled those appointments (e.g., x-rays, dentist) and inmates later attended them with escort staff.

Other than making flu shots generally available, each of the four centres make preventative medical care available to inmates upon their request. In 2017, each centre made the flu shot available to inmates. Of the 120 inmate medical files we tested, over one-third of inmates received some form of preventative medical care. For the remaining two-thirds, we did not see information in those medical files that the inmates had requested any preventative care.

4.9 Procedures for Medical Emergencies Established

Each correctional centre has documented procedures for medical emergencies related to inmates.

During a medical emergency, the correctional staff call a code, which alerts available medical staff to respond and bring the nearest trauma bag. The trauma bag includes items such as bandages, first aid supplies and gloves. Part of the emergency response may include transferring the inmate to the hospital, or calling an ambulance. Correctional staff escort inmates to the hospital.

For each of the inmate medical files we tested that required emergent care, escorts were available to transfer them to a hospital.

4.10 More Timely Response to Inmate Complaints About Medical Care Required

The Ministry and the four adult secure-custody correctional centres are not consistently responding to inmate complaints about medical care within the timeframe required by law.



The Correctional Services Regulations, 2013 requires the Ministry and correctional centres to respond to inmate complaints within five business days of their receipt.¹³

Also, the Ministry and those correctional centres are not tracking whether they give inmates interim responses when they cannot provide a final response to the complaint within the five business days.

The Regulations require providing inmates with interim responses if the Ministry/centre cannot reach a final decision within five business days of receipt of the complaint. In these cases, written interim responses notify the complainant that the complaint cannot be resolved within the mandated timeframe, and the complaint continues to be investigated. Interim responses help keep inmates informed of the status of their complaint.

Inmates are to address all formal complaints to their correctional centre director. The director normally assigns any complaints related to medical care to the centre's nurse manager. Each centre's nurse manager is responsible for responding to and resolving medical complaints with inmates. If the inmate does not accept the initial resolution by the nurse manager, the inmate can appeal the decision to the director. Further appeals go to the Ministry and then the Saskatchewan Ombudsman.

The Ministry and the four adult secure-custody correctional centres received almost 300 inmate complaints related to medical care (e.g., medication, medical requests, medical staff) during the 12-month period ended November 30, 2017.

We found that information on the nature and level of detail tracked about those complaints varied (i.e., explanations of complaint ranged from just 'medical services' to detailed explanations of the actual issue reported by inmate). Each of the centres and the Ministry track inmate complaints received, and the date they formally respond to the inmate. At November 2017, only two of the four centres tracked if staff sent an interim response to an inmate.

Also, we found responses to inmate complaints related to medical care were late. In our review of the almost 300 inmate medical complaints, we found staff were late responding to inmates almost 30% of the time, with an average response time of eight business days. For five complaints we tested, staff were late responding to inmates' complaints 80% of the time.

Not providing timely responses, including interim responses, to inmate complaints about medical care is not consistent with *The Correctional Services Regulations, 2013* and may lead to inmates' health being jeopardized.

6. We recommend that the Ministry of Corrections and Policing formally respond to adult inmate complaints about medical care within timeframes required by *The Correctional Services Regulations, 2013*.

¹³ Sections 48 and 49.

4.11 Further Analysis of Inmate Complaints about Medical Care Required

The adult secure-custody correctional centres and the Ministry do not periodically analyze inmate complaints about medical care to identify areas to improve its delivery of medical care.

We found that about 40% of the almost 300 complaints about medical care were regarding medication (e.g., inmate complaints about not receiving medication or complaints that they want specific medications). Since the Ministry has not analyzed these complaints for trends, it does not know if any corrective action is required.

By not assessing trends in the type of complaints to identify systemic or recurring issues in the delivery of medical care, staff may miss opportunities to adjust processes or improve communication.

7. We recommend that the Ministry of Corrections and Policing periodically analyze complaints about medical care from adult inmates in its secure-custody correctional centres for trends and take corrective action as needed.

4.12 Measures Needed to Evaluate Provision of Inmate Medical Care

Neither the Ministry nor the correctional centres have documented measures for the provision of medical care.

Other than information tracked for a three-month period, we did not find evidence of tracking of key medical care activities or measures (e.g., number of intake assessments completed, wait time for medical care, number of inmates per medical staff). In 2016, as part of a Ministry health-services review of adult correctional centres, it tracked some data (e.g., number of intake assessments completed, wait time for medical care) for a three-month period.

The medical units at each of the four centres do not have measures to evaluate the medical care they provide to inmates, so staff do not record evaluative information for overall medical care.

Evaluative information is limited to results from nursing staff's individual work plans. Each year, each centre's nursing staff (nurses and nurse manager) maintain individual work plans that outline their personal work objectives and training goals. These work plans require the nursing staff to develop annual work objectives and assess their results at mid-year and year-end.

Without measures to evaluate the provision of medical care, the Ministry does not know whether inmates receive care consistent with its policy (i.e., medical care similar to that experienced by those in the community). Also without measures, the medical units cannot identify areas of provision of medical care that they could improve.



8. We recommend that the Ministry of Corrections and Policing, working with the adult secure-custody correctional centres, develop measures for evaluating the provision of medical care to inmates.
9. We recommend that the Ministry of Corrections and Policing receive regular reports from adult secure-custody correctional centres on the provision of medical care to inmates.

5.0 SELECTED REFERENCES

- Asch, S., et al. (2011). *Selecting Performance Indicators for Prison Health Care*. Santa Monica: Author.
- Auditor General of Canada. (2015). *Audit at a Glance – Report 4 – Access to Health Services for Remote First Nations Communities*. Ottawa: Author.
- Correctional Service Canada. (2008). *Audit of Physical Health Care Delivery to Inmates*. Ottawa: Author.
- Damberg, C., et al. (2011). *A Review of Quality Measures Used by State and Federal Prisons*. Santa Monica: Author.
- Kouyoumdjian, F. (2015) St. Michael's Hospital. *Improving Inmate Health can lead to better Community Health and Safety*. Toronto: Author.
www.stmichaelshospital.com/media/detail.php?source=hospital_news/2015/20150225_hn (20 September 2017).
- Office of the Correctional Investigator. (2015). *Annual Report of the Office of the Correctional Investigator 2014-2015*. Ottawa: Author.
www.oci-bec.gc.ca/cnt/rpt/annrpt/annrpt20142015-eng.aspx#s3 (25 October 2017).
- Provincial Auditor Saskatchewan. (2014). *2014 Report – Volume 2, Chapter 35, Heartland Regional Health Authority – Medication Management in Long-Term Care Facilities*. Regina: Author.
- Provincial Auditor Saskatchewan. (2016). *2016 Report – Volume 2, Chapter 28, Justice–Planning for Inmate Capacity of Adult Correctional Facilities*. Regina: Author.
- University of Ottawa – Society, the Individual, and Medicine. *Primary Care: Definitions and Historical Developments*. Ottawa: Author.
www.med.uottawa.ca/sim/data/primary_care.htm (12 October 2017).